

Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CFR)?::	
Number of copies of CRF::	
Title::	Inverted-F Antenna Configuration For an Implantable Medical Device
Attorney Docket Number::	298689
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Zhifang
Middle Name::	
Family Name::	LI
Name Suffix::	
City of Residence::	Blaine
State or Province of Residence::	MN
Country of Residence::	US

Street of mailing address::	11056 Zumbrota Court NE
City of mailing address::	Blaine
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55449

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Prashant
Name::	
Family Name::	RAWAT
Name Suffix::	
City of Residence::	Blaine
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	11706 3 rd Street NE
City of mailing address::	Blaine
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55434

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	A.
Family Name::	VON ARX
Name Suffix::	
City of Residence::	Minneapolis
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	2115 Emerson Avenue South
City of mailing address::	Minneapolis
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55405

Correspondence Information

Correspondence Customer Number:: 42074

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number::

E-Mail address::

Representative Information

Representative Customer Number::	42074	
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Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Cardiac Pacemakers, Inc.
Street of mailing address::	4100 Hamline Avenue North
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

DNVR1:60260024.01